

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093200

FILED
Jan 19, 2009
Secretary of State

Entity Name: JABA DIVERSIFIED INVESTMENTS, LLC

Current Principal Place of Business:

2828 S. SEACREST BOULEVARD, SUITE 210
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2828 S. SEACREST BOULEVARD, SUITE 210
BOYNTON BEACH, FL 33435

New Mailing Address:

2828 S. SEACREST BOULEVARD
SUITE 210
BOYNTON BEACH, FL 33435 US

FEI Number: 26-0882229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONAGHAN, TIMOTHY E
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

GATZ, BART G MGRM
2828 S SEACREST BOULEVARD, SUITE 210
BOYNTON BEACH, FL 33435 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BART G GATZ

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIA INVESTMENTS, LLC,
Address: 2828 S. SEACREST BOULEVARD, SUITE 210
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: MGRM () Delete
Name: GATZ FAMILY PARTNERS, HIP
Address: 2828 S. SEACREST BOULEVARD, SUITE 210
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM () Delete
Name: REAL DIVERSIFIED INV, ESTMENTS, LLC
Address: 2828 S. SEACREST BOULEVARD, SUITE 210
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BART G GATZ

MGRM

01/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date